530 RIVER AVENUE SOUTH PRAIRIE FARM Ownershi p: 54762 Phone: (715) 455-1178 Ci ty Highest Level License: Skilled Operated from 1/1 To 12/31 Days of Operation: 365 Operate in Conjunction with Hospital? Operate in Conjunction with CBRF? No Number of Beds Set Up and Staffed (12/31/01): Title 18 (Medicare) Certified? 42 Yes Total Licensed Bed Capacity (12/31/01): 42 Title 19 (Medicaid) Certified? Yes Number of Residents on 12/31/01: 39 Average Daily Census: 41

Services Provided to Non-Residents		Age, Sex, and Primary Diagnosis of Residents (12/31/01) Length of Stay (12/31/01)						
Home Health Care Supp. Home Care-Personal Care	No No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year 1 - 4 Years	38. 5 28. 2	
Supp. Home Care-Household Services	No	Developmental Disabilities	2. 6	Under 65	5. 1	More Than 4 Years	33. 3	
Day Services	No	Mental Illness (Org./Psy)	46. 2	65 - 74	2. 6			
Respite Care	Yes	Mental Illness (Other)	7. 7	75 - 84	35. 9		100. 0	
Adult Day Care	No	Alcohol & Other Drug Abuse	2. 6	85 - 94	48. 7	*********	*****	
Adult Day Health Care	No	Para-, Quadra-, Hemi plegi c	0.0	95 & 0ver	7. 7	Full-Time Equivaler	it	
Congregate Meals	Yes	Cancer	2. 6		ĺ	Nursing Staff per 100 Re	si dents	
Home Delivered Meals	Yes	Fractures	0. 0		100. 0	(12/31/01)		
Other Meals	No	Cardi ovascul ar	2. 6	65 & 0ver	94. 9			
Transportation	Yes	Cerebrovascul ar	15.4	'		RNs	10. 5	
Referral Service	No	Di abetes	5. 1	Sex	% j	LPNs	3. 5	
Other Services	No	Respi ratory	5. 1		Ì	Nursing Assistants,		
Provi de Day Programming for		Other Medical Conditions	10. 3	Male	41.0	Ai des, & Orderlies	41. 3	
Mentally Ill	No			Femal e	59. 0			
Provi de Day Programming for	i		100. 0		j			
Developmentally Disabled	No				100. 0			
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Method of Reimbursement

		Medicare Title 18			edicaid itle 19			0ther]	Pri vate Pay	;		amily Care			anaged Care			
Level of Care	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	Total Resi - dents	
Int. Skilled Care	0	0. 0	0	0	0. 0	0	0	0.0	0	0	0. 0	0	0	0. 0	0	0	0. 0	0	0	0. 0
Skilled Care	2	100.0	302	21	72.4	99	0	0.0	0	8	100.0	103	0	0.0	0	0	0.0	0	31	79. 5
Intermediate				7	24. 1	82	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	7	17. 9
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Di sabl ed				1	3.4	149	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	1	2. 6
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depender	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	2	100. 0		29	100.0		0	0.0		8	100.0		0	0.0		0	0.0		39	100. 0

PIONEER NURSING HOME

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Admissions, Discharges, and		Percent Distribution	of Residents'	Condi ti ons	Services, and	d Activities as of 12	/31/01
Deaths During Reporting Period		'					
8 1 8		i'		% Ne	edi ng		Total
Percent Admissions from		Activities of	%		ance of	% Totally	Number of
Private Home/No Home Health	6. 3	Daily Living (ADL)	Independent		Two Staff	Dependent	Resi dents
Private Home/With Home Health	0.0	Bathi ng	0. 0		3. 4	43. 6	39
Other Nursing Homes	25 . 0	Dressi ng	7. 7		9. 0	33. 3	39
Acute Care Hospitals	68. 8	Transferring	23. 1	5	3. 8	23. 1	39
Psych. HospMR/DD Facilities	0.0	Toilet Use	25. 6	4	8. 7	25. 6	39
Reĥabilitation Hospitals	0.0	Eating	61. 5	2	3. 2	10. 3	39
Other Locations	0.0	*************	******	******	******	*******	******
Total Number of Admissions	32	Continence		% Spe	ecial Treatment	ts	%
Percent Discharges To:		Indwelling Or Externa	ıl Catheter	5. 1	Recei vi ng Respi	iratory Care	12. 8
Private Home/No Home Health	0.0	Occ/Freq. Incontinent	of Bladder	59. 0	Recei vi ng Tracl	heostomy Care	0.0
Private Home/With Home Health	5. 9	Occ/Freq. Incontinent	of Bowel	30.8	Receiving Sucti	oni ng	0. 0
Other Nursing Homes	2. 9	<u> </u>]	Recei vi ng Ostor	nv Care	2. 6
Acute Care Hospitals	55. 9	Mobility			Receiving Tube		0. 0
Psych. Hosp MR/DD Facilities	0. 0	Physically Restrained	1			anically Altered Diets	
Rehabilitation Hospitals	0. 0	Injercury neserumee	-	1011		ani carry .ii cerea 21 ces	3 00.0
Other Locations	0. 0	Skin Care		O+-	her Resident Cl	haractari eti ce	
							22.2
Deaths	35. 3	With Pressure Sores			Have Advance Di	rectives	33. 3
Total Number of Discharges		With Rashes			di cati ons		
(Including Deaths)	34]	Recei vi ng Psycl	hoactive Drugs	56. 4

*********************************** Ownership: Bed Size: Li censure: Government Under 50 Skilled Al l Thi s Facility Peer Group Peer Group Peer Group Facilities % Ratio Ratio Ratio Ratio Occupancy Rate: Average Daily Census/Licensed Beds 97.6 84. 8 1. 15 94. 9 1.03 85.8 1. 14 84. 6 1. 15 Current Residents from In-County 64. 1 58.7 1.09 69. 9 0. 92 69. 4 0.9277. 0 0.83 Admissions from In-County, Still Residing 28. 1 27.8 1.01 27.6 1.02 23. 1 1. 22 20.8 1.35 Admissions/Average Daily Census 78.0 58. 7 1.33 84. 7 0.92 105.6 0.74 128. 9 0.61 Discharges/Average Daily Census 82.9 61.8 1.34 88. 0 0.94 105. 9 0.78 130.0 0.64 Discharges To Private Residence/Average Daily Census 4. 9 18. 7 0.26 16. 0 0.30 38. 5 0.13 52.8 0.09 Residents Receiving Skilled Care 79.5 84.8 0.94 73.4 1.08 89.9 0.88 85.3 0.93 Residents Aged 65 and Older 94. 9 87.6 1.08 91.6 1.04 93. 3 87. 5 1.08 1.02 Title 19 (Medicaid) Funded Residents 74.4 79.8 0.93 50. 3 1.48 69.9 1.06 68. 7 1.08 Private Pay Funded Residents 20.5 16. 3 46. 9 22.2 22.0 0.93 1. 26 0.44 0. 92 3.67 Developmentally Disabled Residents 2. 6 0.8 3. 22 0.7 0.8 3.42 7. 6 0.34 Mentally Ill Residents 53.8 50.0 1.08 52.4 1.03 38. 5 1.40 33. 8 1. 59 General Medical Service Residents 10.3 17.8 0.58 9.8 1.05 21. 2 0.48 19. 4 0.53 49.3 Impaired ADL (Mean) 52.8 43.4 1.22 51. 2 1.03 46. 4 1.07 1. 14 Psychological Problems **56. 4** 61.6 0.92 55. 2 1.02 52.6 1.07 51. 9 1. 09 Nursing Care Required (Mean) 6. 0 1. 22 7.3 1.00 7.4 8. 4 0.87 7.4 0. 99